Sut	stitute for form 1449/PTO			Complete if Known		
				Application Number	10/537,455	
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S	TATEMENT !	3Y /	APPLICANT	First Named Inventor	Bruce R. Zetter	
				Art Unit	1634	
	(Use as many sh	e ets as	necess ary)	Examiner Name	Myers, Carla J	_
Sheet	1	of	2	Attorney Docket Number	CMC-009	_

	U.S. PATENT DOCUMENTS							
Examiner Cite Initials* No.1		Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear			

	FOREIGN PATENT DOCUMENTS							
Examiner	Cite	Foreign Patent Document	Publication Name o	Name of Patentee or	Pages, Columns, Lines, Where Relevant Passages	Г		
Initials*	No.1	Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)		Applicant of Cited Document	Or Relevant Figures Appear			
	B2	WO-/97/48805	12-24-1997	Children's Medical Center		Г		

"EXAMINES: Initial inference considered, whether or not clation is in conformence with MPEP 600. Draw line through clation if not in conformance and not considered. Indicate the conformance and not considered in the conformance and not considered in the conformance and not considered in the conformance and not conformance an

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journ al, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	СЗ	Aspinall JO, Bentel JM, Horsfall DJ, Haagensen DE, Marshall VR, Tilley WD, Differential expression of apolipoprotein-D and prostate specific antigen in benign and malignant prostate tissues, J Urol. 1995; 154:622-8.	
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Sub	stitute for form 1449/PTO			Complete if Known		
				Application Number	10/537,455	
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s	TATEMENT E	3Y	APPLICANT	First Named Inventor	Bruce R. Zetter	
				Art Unit	1634	
	(Use as many she	ets as	necess ary)	Examiner Name	Myers, Carla J	
Sheet	2	of	2	Attorney Docket Number	CMC-009	

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^{*}EXAMINER. Initial if reference considered, whether or not citation is in conformance with MPEP 608. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Examiner	Date
Signature	Considered
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¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached